



CLARK COUNTY • DEPARTMENT OF AIR QUALITY

4701 W. Russell Rd., Suite 200 • 2nd Floor • Las Vegas, NV 89118-2231
(702) 455-5942 • Fax (702) 383-9994

For DAQ Use Only
Invoice Number: _____

**GASOLINE DISPENSING OPERATION
TEST NOTIFICATION FORM**

*****This form and the applicable fee must be submitted to Air Quality
30 calendar days in advance of the anticipated test date*****

Source Name: _____ Source ID: _____

Source Address: _____
(address) (city) (zip)

Requested Test Date: _____ Time of Test: _____

Testing Company Information

Testing Company Performing the Test: _____

Name of Tester: _____ Tester's Email: _____

Tester's Phone: _____ Tester's Fax: _____

Stage II System Design, if applicable (Assist, Balance, Healy, other): _____

Reason for Testing Request: ☐ New or Reconstructed Facility ☐ Annual Testing ☐ Re-test ☐ Other

Explain 'Other', if checked above: _____

What is the PTE of the facility being tested: ☐ < 5 tons ☐ ≥ 5 tons

What test(s) you are requesting?

| Check all Applicable Tests | Test | Test Procedure Used |
|----------------------------------|---|---------------------|
| <input type="checkbox"/> | Static Pressure Decay | |
| <input type="checkbox"/> | PV Vent Valve (NESHAP) | |
| <input type="checkbox"/> | Air to Liquid Ratio | |
| <input type="checkbox"/> | Dynamic Back-Pressure | |
| <input type="checkbox"/> | Flow Rate | |
| <input type="checkbox"/> | Healy Phase II Vapor Recovery Systems: Vapor Return Line | |
| <input type="checkbox"/> | Other | |

Note: If testing procedures deviate from an approved California Air Resources Board (CARB) testing process, prior written approval must be obtained from Air Quality, and a copy of this approval must be submitted with this request.

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Fees and Payments:

All applicable testing fees are due at the time this form is submitted to Air Quality. Payments must be made by check, money order, cash or credit card. Credit card payments must be made in person at Air Quality's Office. A copy of Air Quality program fees is available on the Air Quality website under the Fees link.

| Payment Information for Checks and Credit Cards | |
|--|--|
| Check Number: | |
| Name and Address (as it appears on check): | |
| Telephone Number: | |
| Credit Card Number (Last 4 digits of card used): | |

Note: Information must be filled out by the Responsible Official or designee.

I certify that, based on information and beliefs formed after reasonable inquiry, the statements in this document are true, accurate and complete.

Signature of Responsible Official

Printed or Typed Name and Title

Responsible Official's Email

Date